

Henny Brooks

14

Died at Island Creek

County Calvert

MARYLAND

Died at	Town	Month	Day	Y.	M.	D.	Native of	Occupation
Date 1908	Aug 25			22	1	9	Calvert	Housekeeping
Male	White	Age	Married		Widow		Divorced	
Female	Colored		Single		Widower		Number of children living	

Husband of

Wife

Father's

Name

Cause of

Primary

Consumption

Mother's

Maiden Name

Death

Immediate

27

How long sick

2 years

Accident, Suicide, Homicide

Reported by

John J Brooks

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

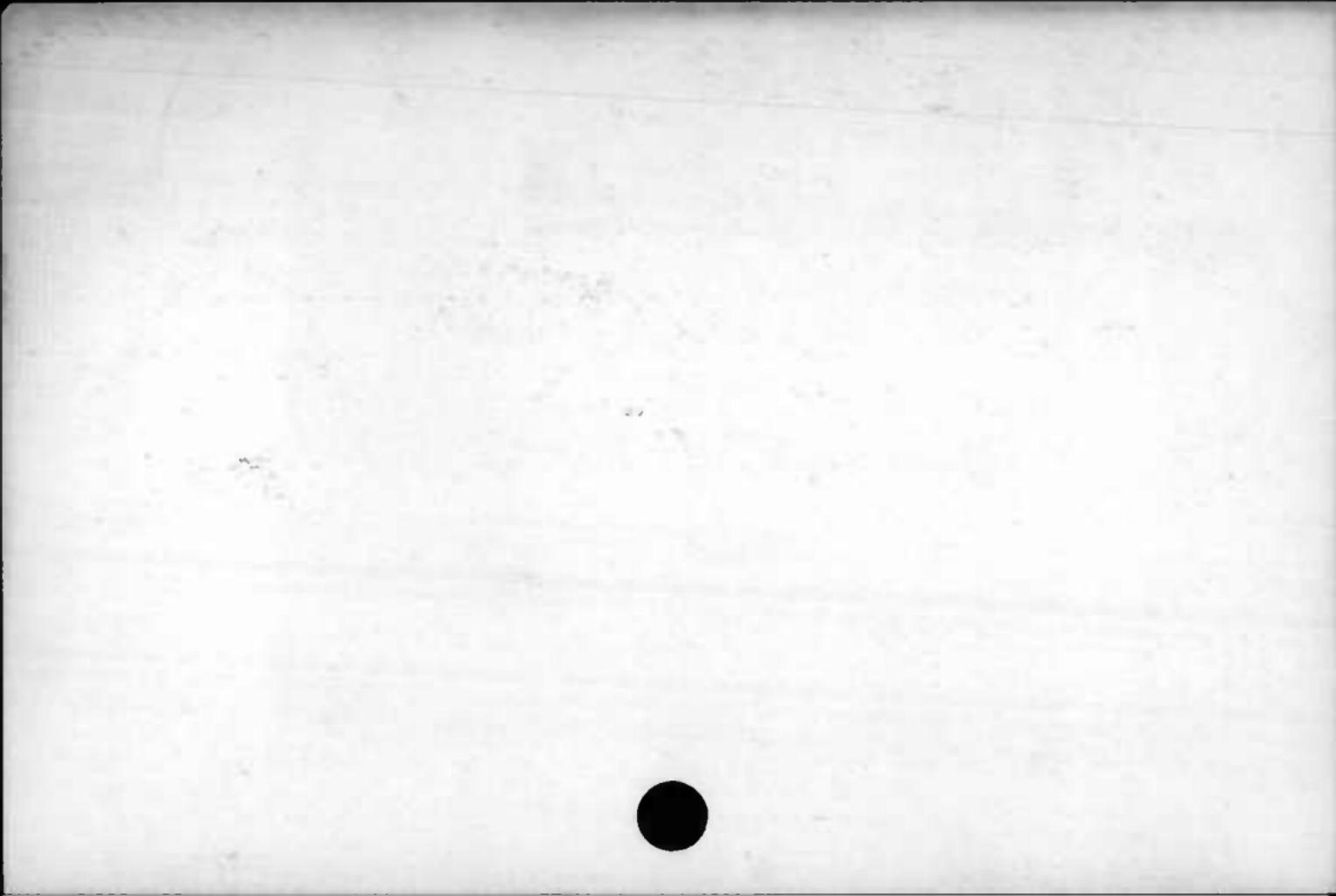
Archie R. Frost
Cove Pt Calvert

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND		
Date of death 190	Month	Day	Age	Years	Months
3 Aug	3	1	18		29
Sex	Color or Race	Occupation	Birth- place		
Female	Colored	Single	Calvert Co Md		
Married, Single or Widowed					
Name of Wife or Husband					
Father's Name	Henry Frost			Father's Birthplace	
Mother's Maiden Name	Burkha Jane Cook			Calvert Co Md	
Name of person giving Information	Henry Frost			Mother's Birthplace	
How related to deceased			Calvert Co Md		Father
CAUSES OF DEATH					
Primary	Tuberculosis 27			How long	
Immediate				10 mos.	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Dr T. Chapman		
		Address	Cove Pt Md		
Accident or Suicide?					



Name in Full

Certificate of Death

Martha A. Gray

12

Town

County

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

Male

White

Age

21

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

2.

Husband of

Wife

Father's

Name

Cause of

Death

Primary

Immediate

Mother's

Maiden Name

How long sick

Accident, Suicide, Homicide

Reported by

Address

congestion 27

Island Creek

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

W. H. Gross

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days		
3	Aug	17	64				
Sex	Color or Race	Occupation	Birth-place				
Married, Single or Widowed	Wife	Labourer	Occident				
Name of Wife or Husband	Lottie Gross						
Father's Name	Edward Gross		Father's Birthplace				
Mother's Maiden Name	Jane Gross		Mother's Birthplace				
Name of person giving Information	Daniel Gross		How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long
Immediate		3 yrs

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

J. N. King MD

yes

Address

Accident or Suicide?



Name
in
Full

Hannahetta Haceand

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Glendeland</u>		Town <u>Calvert</u> County		MARYLAND		
Date of death <u>1903</u>	Month <u>Aug.</u>	Day <u>10</u>	Age <u>80</u>	Years	Months	Days
Sex <u>Female</u>	Color or Race <u>Black</u>	Birth-place <u>Princes Home Md.</u>				
Married, Single or Widowed	Occupation					
Name of Wife or Husband <u>Jacob Haceand</u>						
Father's Name <u>Beth Wates</u>	Father's Birthplace					
Mother's Maiden Name <u>Elizabeth Wates</u>	Mother's Birthplace					
Name of person giving Information <u>Mrs R Titus</u>	How related to deceased					<u>daughter</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Intra Cranial Hemorrhage How long 3 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

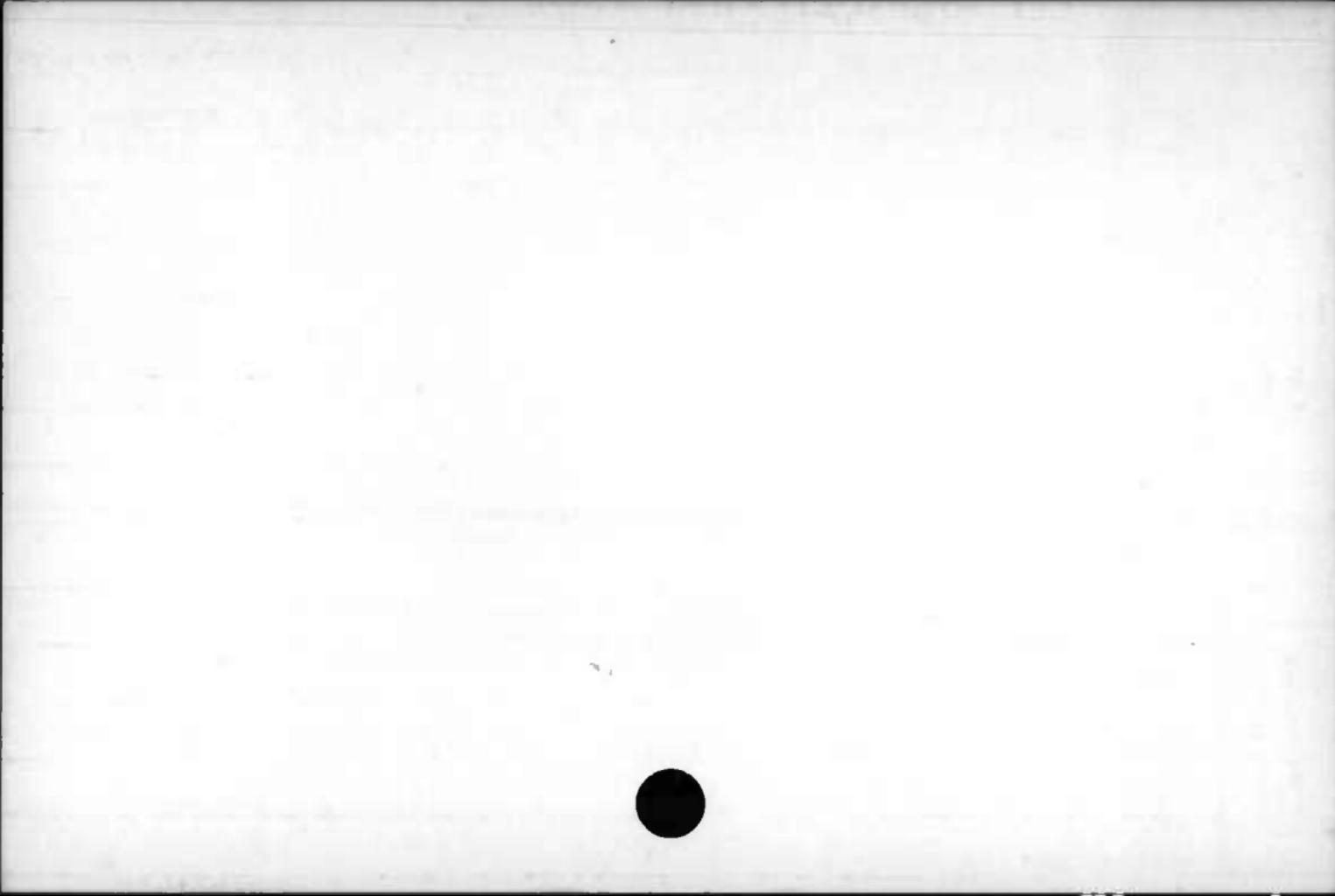
Yes.

Signature of Physician

Address

J. W. Leitch
Huntingdon

Accident or Suicide?



Name
in
Full

John Harrison

CERTIFICATE OF DEATH

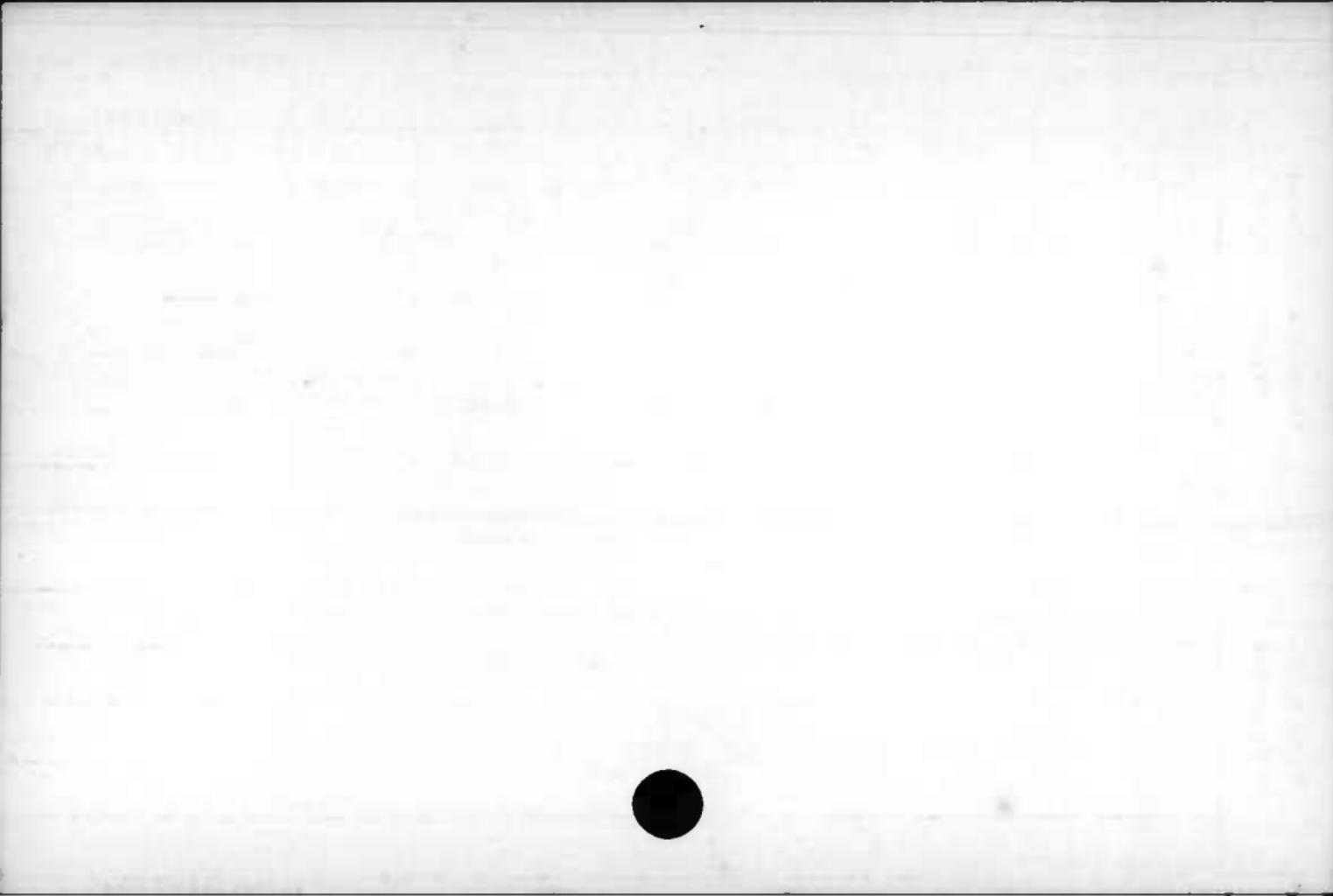
TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Huntingtown</u>			County <u>Calvert</u>	MARYLAND		
Date of death 1903	Month <u>Aug</u>	Day <u>6</u>	Years	Months	Days	
Sex <u>male</u>	Color or Race <u>White</u>		Age			
Married, Single or Widowed <u>Single</u>		Occupation <u>Teacher</u>				
Name of Wife or Husband <u>None</u>						
Father's Name <u>George Harrison</u>			Father's Birthplace <u>Cal. Co.</u>			
Mother's Maiden Name <u>Miss Thomas</u>			Mother's Birthplace <u>Cal. Co.</u>			
Name of person giving Information <u>H. J. Harrison</u>			How related to deceased <u>Nephew</u>			

CAUSES OF DEATH

Primary <u>Intra Cranial Hemorrhage</u>	How long <u>1 wk</u>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. W. Litch</u>
	Address <u>Huntingtown</u>
Accident or Suicide? <u>No</u>	



Name
in
Full

Wm H. Meads

CERTIFICATE OF DEATH

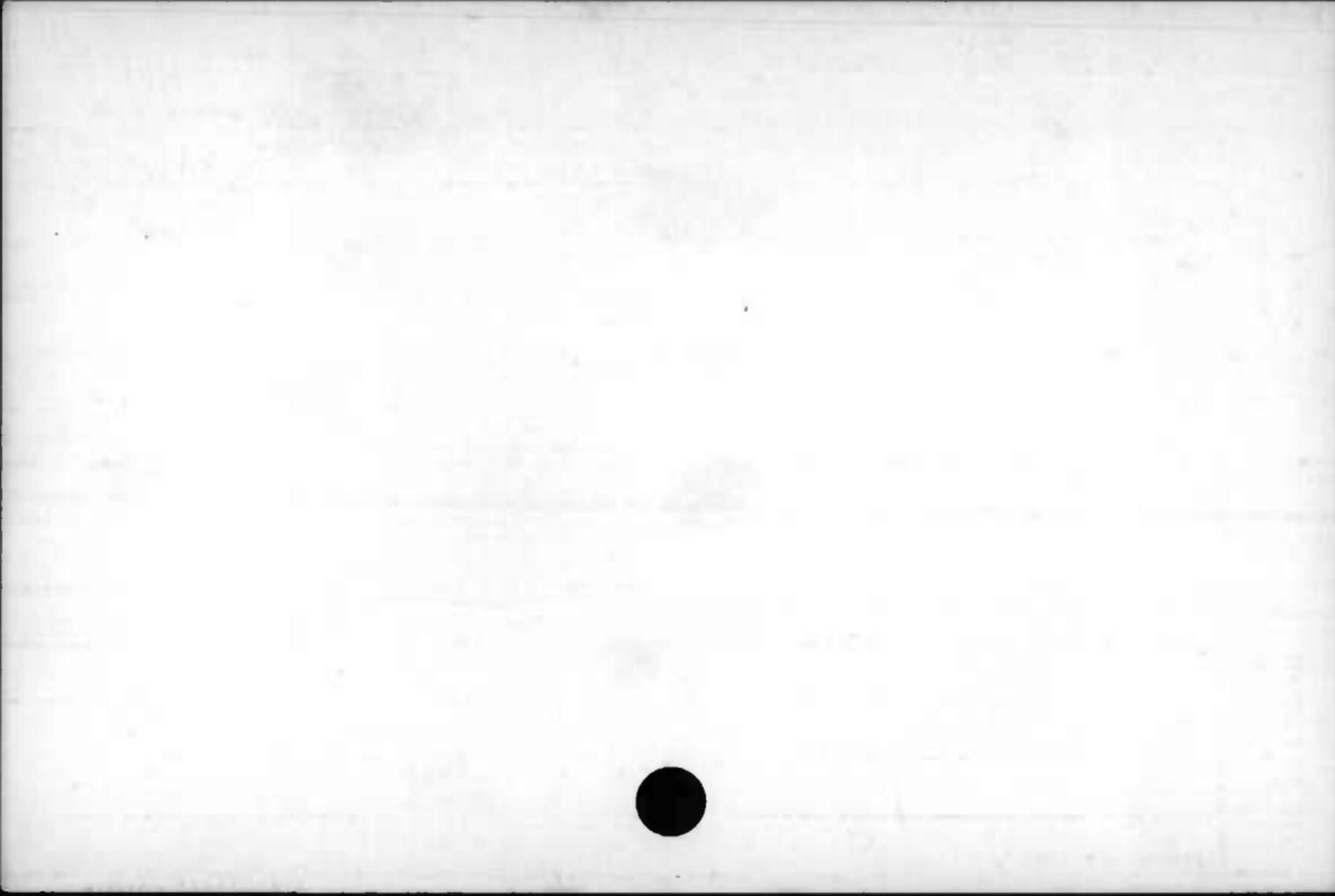
TO BE ANSWERED BY
NEAREST FRIEND

Died at Addison		Town, Addison		County Calvert Co.		MARYLAND		
Date of death 1903	Month Aug	Day 24	Age 64	Years 64	Months 0	Days 0		
Sex Male	Color or Race White	Occupation Farmer		Birth- place Calvert Co.				
Married, Single or Widowed Married	Name of Wife or Husband Bettie E. Meads							
Father's Name Henry Hutchins			Father's Birthplace Calvert Co.					
Mother's Maiden Name Caroline "			Mother's Birthplace " "					
Name of person giving Information Jas E. Cawser			How related to deceased Son in law					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Cancer of Stomach	How long 10 mos
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician J. N. King MD.
	Address Baltimore
Accident or Suicide?	



Name
in
Full

Rosina C. Topp.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Solomons	Calvert			
Date of death 190	Month 3	Day 23	Years 93	Months 8	Days 21
Age					
Sex	Female	Color or Race	white	Birth-place	Calvert Co. Md.
Married, Single or Widowed	Married	Occupation			
Name of Wife or Husband	John C. Topp				
Father's Name	James E. Elliott	Father's Birthplace	Calvert Co. Md.		
Mother's Maiden Name	Rosanna Virginia Hill	Mother's Birthplace	Calvert Co. Md.		
Name of person giving Information	James E. Elliott	How related to deceased	Father.		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Acute Indigestion

How long
3 days

Immediate

104

Are the name, age, sex, color, date and place correctly given above?

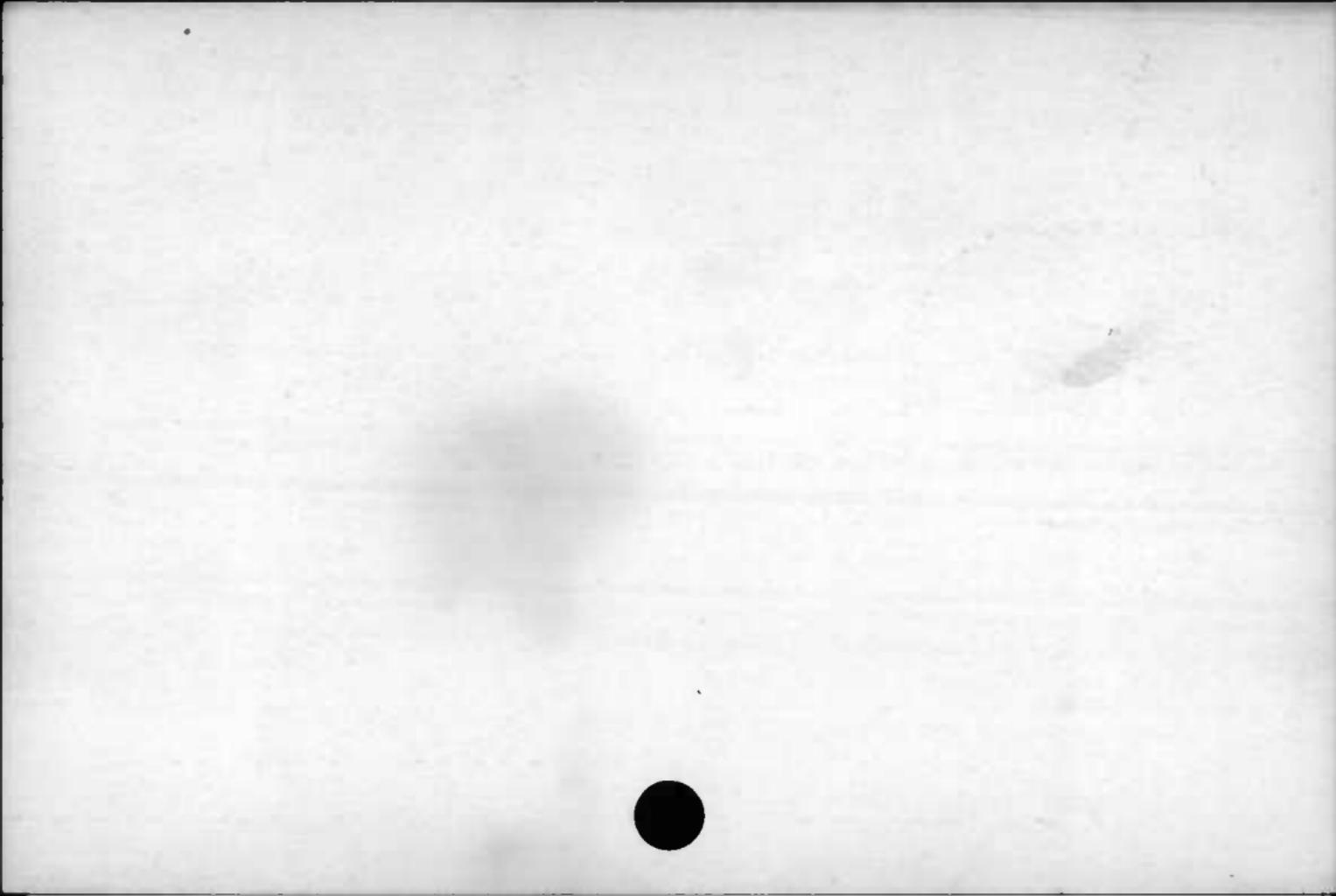
Yes

Signature of Physician

W. H. Marsh,
Solomons
Md.

Address

Accident or Suicide?



Name in Full

Certificate of Death

Jones G Smith 13
 Town Belmont Green County Baltimore MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

03

Age

11

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

adopted Ralph Smith

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death 1903	Month	Day	Years	Months	Days		
August 20/1903		Age 8	none		none		
Sex	Color or Race	Colored	Birth-place		none		
Married, Single or Widowed			Occupation				
Name of Wife or Husband							
Father's Name	Lorraine			Father's Birthplace			
Mother's Maiden Name	none			79 Mother's Birthplace			
Name of person giving information	Carrie Smith			How related to deceased			

CAUSES OF DEATH

Primary	Mitral Regurgitation	How long
Immediate		6 mo

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J. H. King M.D.
Barstow Ind.

Accident or Suicide?



Name
in
Full

Bertha Sanders

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Died at	Charney	Calvert				
Date of death 1903	Month Aug	Day 25	Age	2	Months	Days
Sex	Female	Color or Race	Black	Birth- place	Calvert-Co	
Married, Single or Widowed	Occupation					
Name of Wife or Husband						
Father's Name	Unknown			Father's Birthplace	Unknown	
Mother's Maiden Name	Bertha Sanders			Mother's Birthplace	Calvert-Co	
Name of person giving Information				How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Acute Indigestion

How long

3 or 4 days

Immediate

106

How long

Are the name, age, sex, color, date
and place correctly given above?

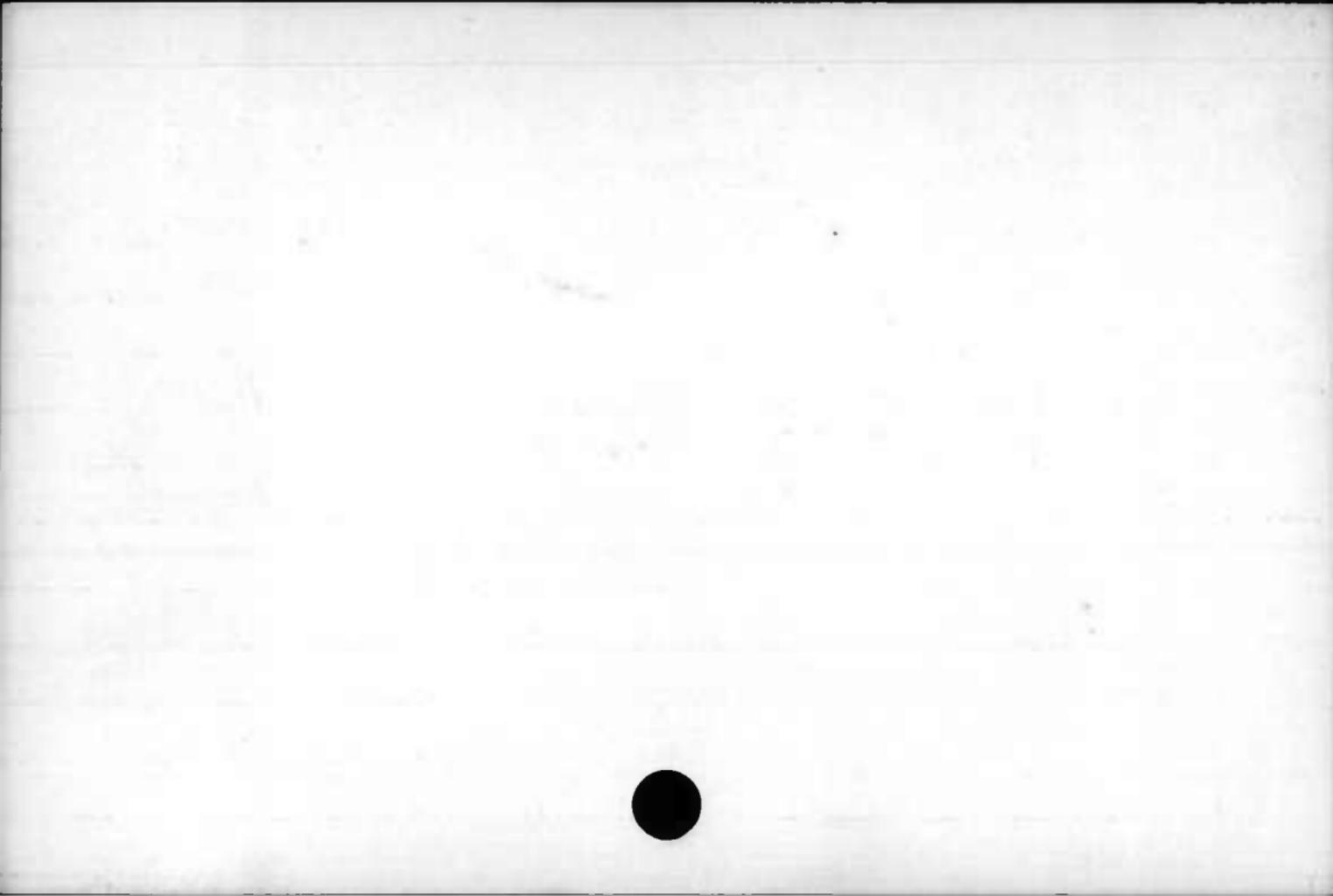
Yes

Signature of
Physician

Address

This 21 in Charney
Dunkirk Md

Accident or Suicide?



Name
in
Full

Mary Frances Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	190	Month	Day	Age	Years	Months	Days
Sex	Female	Color or Race	white	Birth-place		Balto 6 and	
Married, Single or Widowed	Married	Occupation		stonewo			
Name of Husband or Husband	William Thomas						
Father's Name	John B. Joy	Father's Birthplace		Balto 6 and			
Mother's Maiden Name	Henryette Parker	Mother's Birthplace		Virginia			
Name of person giving Information	John B. Joy	How related to deceased		Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Peritonitis	116	How long
Immediate	Exhaustion		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Dr F Chambers
		Address	Lower St 2nd
Accident or Suicide?			

